

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

## GRANT COUNTY HEALTH DEPT. FOOD DIVISION 401 SOUTH ADAMS STREET MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishin	- 51 .	·	5/2000	Telephone Number  Stablishment	Date of Inspection (mm/dd/yr) ID #
NURTHUREW FIRMENTARY				Zstaonsiment	
Establishment Address (number and street, city, state, ZIP code)				677-Wher 400	1-23-23 a/
125 ENHST GAS CITY				147.01	
Owner M Control				Purpose:	Follow-up Release Date
MISSISSINGWA COM SCHOOL				1. Routine	NO 10000
Owner's Address				2. Follow-up	Summary of Violations:
				3. Complaint	'
Person in Charge				1	C NC R
Janot				4. Pre-Operational	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)
				6. HACCP	
Certified Food Handler				7. Other ( <i>list</i> )	1_2_3_4_5_
Janet Boys Exp 3-2006					1 3 ( 3 )
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"					
Section#	C/NC	R	Narrative		To Be Corrected By
			NO VIOLATIONS		
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			4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Received by (name and title printed): Inspected by (name and title printed):					
Danet L Boys, Manager   Scott Killendall					
Received by (signature):					
Received by (signature):					
The second of th					
cc: ()					